

**LFC Requester:**

Jon Clark

**AGENCY BILL ANALYSIS  
2016 REGULAR SESSION**

**WITHIN 24 HOURS OF BILL POSTING, EMAIL ANALYSIS TO:**

**[LFC@NMLEGIS.GOV](mailto:LFC@NMLEGIS.GOV)**

*and*

**[DFA@STATE.NM.US](mailto:DFA@STATE.NM.US)**

*{Include the bill no. in the email subject line, e.g., HB2, and only attach one bill analysis and related documentation per email message}*

**SECTION I: GENERAL INFORMATION**

*{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}*

*Check all that apply:*

**Original**    ☐    **Amendment**    ☐  
**Correction**    ☐    **Substitute**    ☒

**Date** February 13, 2016

**Bill No:** SB 234

**Sponsor:** Senator Cliff Pirtle

**Agency Code:** 305

**Short**    Health Provider

**Person Writing**    Jennifer Salazar, AAG

**Title:**    Credentialing by Insurers

**Phone:** 827-6990    **Email** jsalazar@nmag.gov

**SECTION II: FISCAL IMPACT**

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		

(Parenthesis ( ) Indicate Expenditure Decreases)

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY16	FY17	FY18		

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(Parenthesis ( ) Indicate Expenditure Decreases)

### **ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	<b>3 Year Total Cost</b>	<b>Recurring or Nonrecurring</b>	<b>Fund Affected</b>
<b>Total</b>						

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: N/A

Duplicates/Relates to Appropriation in the General Appropriation Act

### **SECTION III: NARRATIVE**

#### **BILL SUMMARY**

This analysis is neither a formal Attorney General's Opinion nor an Attorney General's Advisory Letter. This is a staff analysis in response to an agency's, committee's, or legislator's request.

#### **Synopsis:**

The Senate Public Affairs Committee Substitute for Senate Bill 234 ("Substitute") amends the New Mexico Health Insurance Code.

Section 1 amends NMSA 1978, Section 59-16-21.1, "Health Plan Requirements," adding a definition for "eligible provider" and "participating provider" as well as amending the definition of "clean claim" and "health plan."

Sections 2, 3, 4, and 5 of the Substitute amend Sections 59A-22-54, 59A-23-14, 59A-46-54, and 59A-47-49, respectively, pertaining to the credentialing, and provisional credentialing, of providers. In addition, the amendments referenced in these sections clarify the reimbursement rates that insurers shall pay to providers who are employed by a practice/group that has a contract with an insurer as well as those that do not.

Section 6 requires the Superintendent of Insurance to promulgate rules to implement these changes by September 1, 2016.

Section 7(A) provides that the provisions of Section 1 shall apply to claims submitted for payment on or after January 1, 2017. Under Section 7(B), the provisions of Section 3 through 5 shall apply to applications for provider credentialing made on or after January 1, 2017.

#### **FISCAL IMPLICATIONS**

N/A

**SIGNIFICANT ISSUES**

None.

**PERFORMANCE IMPLICATIONS**

N/A

**ADMINISTRATIVE IMPLICATIONS**

N/A

**CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

N/A

**TECHNICAL ISSUES**

N/A

**OTHER SUBSTANTIVE ISSUES**

N/A

**ALTERNATIVES**

N/A

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Status quo.

**AMENDMENTS**

N/A